

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Bonamici for Congress</div>			
ADDRESS (number and street) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">2236 SE 10th Ave</div>			
CITY, STATE, and ZIP CODE <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">Portland</div> <div style="border: 1px solid black; padding: 2px;">OR</div> <div style="border: 1px solid black; padding: 2px;">97214</div> </div>			
2. NAME OF CANDIDATE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Ms. Suzanne Bonamici</div>	3. OFFICE SOUGHT (State and District) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">House</div> <div style="border: 1px solid black; padding: 2px;">OR</div> <div style="border: 1px solid black; padding: 2px;">01</div> </div>		4. FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">C00500421</div>
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Paul Utz</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1224 NE Walnut Street</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">PMB 300</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Roseburg</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div></div> <div style="border: 1px solid black; padding: 2px;">OR</div> <div style="border: 1px solid black; padding: 2px;">97470-</div> </div>	Name of Employer <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">None</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">None</div>	Date (month, day, year) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">10/31/2011</div>	Amount <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">1000.00</div>
B. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	Name of Employer <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	Date (month, day, year) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	Amount <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
C. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	Name of Employer <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	Date (month, day, year) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	Amount <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
D. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	Name of Employer <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	Date (month, day, year) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	Amount <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
E. FULL NAME, MAILING ADDRESS AND ZIP CODE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div></div> <div style="border: 1px solid black; padding: 2px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	Name of Employer <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Occupation</div>	Date (month, day, year) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>	Amount <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"></div>
SIGNATURE (optional) <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">Kevin Neely</div>		DATE <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">11/01/2011</div>	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

[Electronically Filed]

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FEC FORM 6

(Revised 07/2011)